

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/030132** FILING DATE **25 JAN 2002**  
APPLICANT(S) *Nishiuchi*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/		51						
2			/	/	<del>///</del>		52						
3			/	/	<del>///</del>		53						
4			/		/		54						
5			/	/	/		55						
6			/	/	<del>///</del>		56						
7			/	/	<del>///</del>		57						
8			/	/	<del>///</del>		58						
9			/	/	<del>///</del>		59						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3		2		TOTAL IND.						
TOTAL DEP.			6		2		TOTAL DEP.						
TOTAL CLAIMS			9		4		TOTAL CLAIMS						